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On alternate Sundays these nurses are free from 9:30 a. m. to 4:30 p. m. to make up the extra working hour on week days. By careful thought and planning one can see how, by the rearranging of hours to meet special needs in the various departments, the work can go on smoothly and well. In answer to the second objection we can say from experience that the nursing service is not less efficient, for all nurses keep the same shift for a period of four weeks and remain in the same department for at least the same number of weeks. To obviate the irregularity of meal times, the nurses' meals are served at the usual hours, breakfast 6:30 a. m.; lunch 12:30 p. m.; dinner 6 p. m. The night nurses have breakfast at 7:30 a. m., as heretofore; dinner at 6 p. m.; and lunch at mid-night. The nurses working from 7 a. m. to 12:30 p. m. and 4 p. m. to 6 p. m. are at their meals at the regular times. The nurses working from 3 p. m. to 11 p. m. may sleep late if they do not care to rise for breakfast and at 9:30 hot coffee and toast are provided for them in the dining room. They have lunch and dinner at the usual times. This arrangement means but little inconvenience for the kitchen force. On the whole we have found an eight-hour day advantageous in every respect. Concretely, it results in more efficient, practical work from the nurses, because of the added time for rest and recreation; much better work in the class room on account of a daily hour of supervised study, made possible by the shorter working hours; and finally a more contented spirit generally in the training school. All classes are attended during the nurses' hours off duty, owing to the willing coöperation of the instructress. In concluding we would say that with good will and coöperation on the part of every member of the hospital personnel, an eight-hour day can be established in every training school throughout the country.

Utah

SISTERS OF THE HOLY CROSS.

RANK FOR NURSES

I.

Dear Editor: Rank for Nurses! For the benefit of those who may volunteer again, I'll do all I can to help obtain it. But as for myself, I don't think even rank will be any inducement. Never again will I be willing to endure, or see nurses humiliated as they were before. On duty we were given responsibilities which any nurse would be proud to shoulder, but when off duty we were treated as kindergarten pupils. We were not even allowed to invite an officer or civilian into our living room,—no, not even on the porch. We either walked civic center streets or took them to the "Y" hut. On moonshiny nights we had the sagebrush and railroad to rest on. On the wards we had very little authority. If the nurse were a smiling, baby-faced one, she got along fairly well, but a strictly business woman was, so to speak, "up against it." For instance, a nurse couldn't get the garbage emptied daily. She reported the matter to every one in charge from the ward-master to the O. D. without any result. Finally she took the matter to the assistant chief nurse, and she, not caring particularly for the nurse, had her removed for want of executive ability. Another nurse, after taking typhoid serum, lost weight steadily. She was put on the tubercular ward, and despite the fact that she was nervous and under weight, the chief nurse refused to even have her examined, saying it was unsubordination. She was kept there from June to December. That nurse to-day is a positive T. B. and the army is not taking care of her. Every nurse knows what the examination consists of on being discharged. The examining officer merely listens to your heart, and you sign a paper stating that you have been in no way impaired in health since entering the service. What can you do? Your trunk is at the

station, transportation is made out, and to resist in the army,—every one knows what that means. The nurses in the A. E. F. had it much harder than we who stayed home. When I read their letters telling that the mud and water stood in their sleeping quarters, and that they had to do their own cooking and serving of their meals, because only officers were allowed K. Ps. and orderlies, it made me wonder why we suffer so much for a government that gave its most loyal and efficient workers so little consideration. If rank will alter these conditions, let us have it by all means. I am sure that all the nurses join me in thanking the Red Cross for all its many kindnesses to us while in the service. Without its aid we surely would have wanted for a good many necessities. Especially do we wish to thank them for the lovely recreation building. Although we were not allowed to use it for any social purposes, that was no fault of theirs. This is where the pupil nurses came ahead of the graduates. When the graduates asked permission of the chief nurse to invite their friends into the building, they were refused. When the pupil nurses came, it was turned over to them to use as they pleased. Look ahead, nurses, and alter these conditions, for you are going to be needed again.

Mississippi

R. K. H.

II.

Dear Editor: Why worry just now about "Rank for Nurses" when those of over here are longing with every nerve taut, and our hearts aching to get home. Many of us signed for "the period of emergency," coming into the Army without the medium of the Red Cross. We are told our service records are made out for three years' service and nothing can be done about it. We are tied against our will, as we did not want service after the war is over. Many of us left hospital positions and some left people at home who are waiting anxiously for our return. Red Cross nurses have wept to stay, while we wept to go home. Three-year Army nurses who are willing to stay, are sent home. We have asked and no notice has been taken, so far as we can see. All the rank in the world would not help us, and as far as we can see, no one cares. I, for one, ask only to be treated as an American woman. At least, nearly as well as a "Y" worker or a Red Cross canteen worker. I have many times been submerged in a cloud of dust while an officer whirled by in a seven-passenger car, or a group of smiling "Y" women were starting out on a picnic or sightseeing trip. We have suffered so much humiliation at the hands of the officers that if I were doing private duty again I should hesitate to take a case of an ex-army medico, and, having worked with army officers before, I did not put myself in their way to receive any more rebuffs than I could help. But—what is the bill? Does it make the Army standard any better? Some of the most wonderful women I ever knew were the old Army nurses. Some served in the Spanish-American War, again in Panama and again in France. To me, they were women well worth knowing: untiring, conscientious, good nurses, who could smile through hardships, and they could wear a uniform without lace collars and white spats, yet they could dance and serve tea as well as any, should occasion require. Yet constantly did we hear of the poor standard of army nurses, from the Red Cross Reserve. So let us not have rank until the Army standard is of the very best in the whole world and until the nurses who enlist can live up to it. Last but not least, I wish to say something of the work over here. To me, as to many others, it has been wonderful. Humiliation or lack of rank,—nothing can ever mar the pleasure we have found in caring for as brave a soldier as ever has been. Their appreciation and the courtesy they have shown the American women can never be forgotten. To us, who for some years have catered to pampered

people for a sum of money, it has meant much to have known the American boys over here. Whatever we did was so keenly appreciated, and whether on the ward or on leave or at any social gathering, we were always sure of absolute courtesy from the enlisted men. God bless them! I am open to conviction, and in a vague way seem to see that rank might better matters, but I want to know more about it first. And I am willing to be interviewed; also very willing to ask any Congressman to vote for "Rank for Nurses" when once I understand it fully. Should I ever get home again I shall try to be better informed. Just now I cannot sleep, eat, or work without thinking of home. There are others like myself.

France

M. M. M.

III.

Dear Editor: I have been much interested in reading letters and discussions on Rank for American Army and Navy nurses, and am more than surprised to learn of the apparent friction existing between nurses and officers; the fact that the complaints seem to be mostly against the officer and not the enlisted man, strikes me possibly as having been a matter of jealousy. Perhaps the medical officer does not comprehend that rank for the nurse does not necessarily mean trespassing on his territory or his dignity. Although an American citizen, I had the privilege of serving three years with the Canadian Army Medical Corps, and cannot help but compare the standing of the nurses in the Canadian service,—the nurse holds the temporary rank of lieutenant, and has all the privileges of an officer, for such she is. They are called Nursing Sister and draw full pay and allowance of lieutenant. They are, of course, subject to the same military discipline and punishment as the brother officers. There is an *esprit de corps* between the whole corps, as a rule, that is good to see. Every one knows just where they "fit," and do not try to make life miserable for the "under dog." Of all the mixture of British Tommy, Anzac, Scottie, Irish and Canadian soldiers with whom I have come in contact in France and England, never have I known of anything but respect and loyalty to "Sister." They seem proud of the fact that she holds a commissioned rank, and it is no hardship for them to obey her wishes and salute smartly when occasion to do so arises. The holding of rank for the nurse places her in a position of respect demanded by her professional training and efficiency, and assures the immediate and unquestioning obedience to her wishes and instructions. Whether or not her orders are executed cheerfully depends, of course, upon the personality of the nurse. Of course, we do meet with the "impossible" class of ignorant man, with whom we have difficulties, and I am sorry to say these undesirables are often thrust upon hospital wards as orderlies. However, no argument on the part of the Sister is necessary in a case of disobedience, or for any other disagreement, she simply turns him over to the proper N. C. O. It does not require many such experiences to "brighten up the ideas" of the miscreant to the extent of realizing that he is not being bossed by a woman, but it is impressed upon him that he is receiving orders from his superior officer, even though she be in petticoats. I should say that the splendid discipline of the Australian and Canadian medical corps, would be example enough to decide the question of rank. It certainly does not lessen her value in her work, but rather lifts her from her rank as "upper servant" to the army. The nurse in the American army is to all appearances a civilian, and civilians hold no prestige in a military unit. If the army and navy must have these highly trained, efficient women, why, oh why, not recognize their ability to the extent of granting what other armies have proven a success. According

to some of the things I have read—and things I have heard—the American nurse, to use a bit of slang, has had a “rotten deal.” It is enough to start a strike.

L. T. M.

IV.

Dear Editor: In Base Hospital No. 9 (New York Hospital Unit, A. E. F.) of which I was chief nurse from August, 1917, until after the signing of the armistice, we experienced the same difficulties in war administration as related by Miss Parsons before the sub-committee on military affairs, United States Senate. I heartily endorse the statements made by her at this hearing. The issuing of War Department regulations 1421½ did not improve conditions—in fact, they were worse. You cannot tell orderlies and patients in one breath that nurses have absolutely no authority over them, in another that they have full charge and must be obeyed, and expect good results. The orderlies had a—now let the nurses do it all—kind of feeling, many falling down completely on their “job.” The nurses, on the whole, tried hard to make the best of this trying situation. I felt proud to belong to such a splendid band of women, who were untiring in their devotion to the boys, not only in wards, but giving up precious spare moments in order to shop for them, or try to procure something tempting for their sickest patients. “Unnecessary complaints,”—very few. The “No” written by a vast number of overseas nurses in answer to the question, “Would you enlist again under the same conditions?” is not because of “privations, discomforts experienced in travel, etc.,” but simply because of lack of status at home and abroad. Of course, “complaints that have since come to light” were not sent to headquarters when every chief nurse knew that headquarters had all it could do to handle the great affairs then pressing. Everything seemed petty compared to the gigantic cause. I do not think it was a “clashing of personalities,” a forgetting of “opportunities to keep up the morale of the whole group”; it was righteous indignation, an earnest coöperative spirit balked in its finest endeavors, eternally striving to achieve the impossible because of a wrong system. I KNOW that rank for nurses is the only thing that will increase the dignity and efficiency of the Army Nurse Corps.

V.

Dear Editor: These days one sees so much in the JOURNAL about Rank for Nurses, a subject that is more than superficial. There is not one ex-service nurse who writes her experience to gain sympathy or to be in the lime light. There is just one purpose and that purpose is to show why nurses should have rank. I, myself, went into the service to go just where I was sent and to do as I was asked without murmuring, but occasion causes me to do some murmuring. I was only in the service two days when five other nurses and myself received orders to proceed at once to an aviation field in Texas. Everything went well until we arrived in Texas. We had not been given any definite directions as to how to get out to the field, and when we inquired of the people they looked at us as though we had escaped from some place. We had on civilian clothes, so who could blame them? Finally we arrived at the field. We were ushered into cold quarters that had been vacated by line officers about one hour before we arrived. The C. O. asked us if we brought our sheets, pillows and blankets, and when we replied in the negative, he did not think he had to supply us. The next day we were given to understand that we were not needed, and that our services could be dispensed with. Yes, they had done without the services of nurses, but how? Patients had not had their beds made for several weeks, and some had not had their faces washed from the time they were admitted as patients. The hospital was very

dirty, and when the nurses asked for material and means to make the hospital look as such, the nurses were told by the C. O. that they were not sent there to run the hospital. No one had assumed such an attitude. The corps men and non coms. gave the nurses to understand that the nurses were to take their orders from them (men). More than once I heard a corps man swear in the presence of the nurse, because he had been asked to do something. The matter was reported, but that was all. One medical officer could not understand why the nurse would not sleep in the ward with the patients, because the corps men had been doing so. This same medical officer insisted that the nurses eat with the enlisted men, and could not be convinced otherwise until he heard from Washington. For one month we ate at the officers' club, and because we would not pay out of our own pockets the difference of forty cents a day per nurse, we were reminded and asked why we did not pay our bills. Even the Q. M. informed us our credit was not good. One C. O. (there were four in one year) told me to eat my mid-night lunch in a room in which was a toilet, a shower bath and wash bowl. When I said I would rather go hungry I was informed "these are war times." One would expect to put up with such things in France, but in our own good U. S. A.—never! The nurses at that particular field were nothing more or less than cooks and chambermaids. When there were operations, dressings, or very ill patients, the medical officers called the corps men to do the work and to perform the duties of the nurse. When the nurses asked the corps men to do anything, they would be asked where their bars were; if he chose to do as he was asked, well and good, if not, it did not do any good to report. It was considered impertinence personified. One corps man reported to the C. O. as having had trouble with a nurse because she refused to give a dose of medicine for which he had given the order. The C. O. told this nurse he could send her "somewhere" for disobeying orders. The officers, not all, but generally speaking, forgot that in Webster's there is such a word as gentleman. They resented the fact that we rode in the same cars (motor transport) that they rode in, and often asked if we not classed with the enlisted man. I am a real American and true to my flag; I entered the service with a true patriotic spirit, but after spending thirteen months and a half in Texas, chopping wood, carrying coal, building fires, mopping floors and cooking for all the patients in the hospital, in a little kitchen about 8 by 8, in fact doing everything but nursing, I think it just as patriotic to add one more step towards showing why nurses should have rank. These are just a few incidents and sandwiched in between was some sunshine.

Ohio

M. B. T.

VI.

Dear Editor: After reading the article by Miss Stimson and the replies of General Ireland to the Senate committee, I am forced to reply to each one of them personally. I do not feel they are fair or just to the nurses who earnestly tried to do their duty in obedience to orders issued to them in the A. E. F., and who have made no complaint of the treatment they received, from officers in particular, while in the service. The war is over and we do not want to come back grumbling and complaining of the things that happened over there—few of us there are who would not gladly serve again if the need arose for us to do so—but there is no denying that the present system in the army has many flaws in it. However, criticism, as criticism only, accomplishes nothing and is only destructive instead of constructive. It is my desire to do whatever I can to help those nurses still in service to carry on their work in the most efficient way possible. If rank for nurses will accomplish this, then I am surely in favor of it.

If on the other hand Miss Stimson has any better solution of the problem, let us hear of it, but service under the present system is surely unfair, unjust and unreasonable, for a nurse serving under a commanding officer who does not hold up her hand and assist her in every possible way, and unfortunately there are many of that kind in the army.

Nebraska

B. B.

VII.

Dear Editor: Inasmuch as I have had the rather unusual experience of being both Chief Nurse and nurse with the British Expeditionary Forces, and nurse and Chief Nurse with the American Expeditionary Forces, and had opportunities to observe the inner workings of the Canadian, Australian, British, and South African Hospitals (I was on duty in five different United States Army Hospitals under six different commanding officers), I should like, through your pages, to give expression to my conclusions regarding the weakness of the United States Army hospital organization, and the consequent inconceivably anomalous position our nurses found themselves in when they answered the call to service; with the resulting tremendous amount of so-called "complaining" on the part of the returned army nurses. To one unfamiliar with our actual position we must, indeed, seem unreasonably critical. Personally, I am very tired of it all, and would prefer to hear no more about it; but professionally, I feel that we owe it to the future army nurses and their patients, to leave no stone unturned until the army nurse has proper protection, that her status be rigidly defined, that adequate provision be made for her welfare, to the end that she may be able to devote herself unreservedly to the care of her patients and not be harrassed by the petty jealousies and vagaries, peculiar to the temperament of some officers and corpsmen. If she must expend her energies keeping them good natured, it is obviously impossible for her to do justice to her patients. We would indeed be short sighted and selfish if we allowed another group of women to be subjected to similar indignities. I have no desire to disparage or depreciate the services of either officers or enlisted men. From my personal experience I am glad to be able to say that the great majority of them proved themselves to be real men, but that did not always protect us from those who were not. Before going further, may I say in answer to the statement in the October JOURNAL, that Miss Stimson as Chief Nurse in the British Expeditionary Forces did not know the difficulties of the nurses in the American Expeditionary Forces that as far as internal management was concerned, the United States Army nurses with the British, were working under exactly the same conditions as those with the American. The commanding officers were regular American officers. All the medical officers were Americans; the corpsmen were American soldiers; the paper work and internal organization and discipline was done in the American way. Removal and transfer of nurses and such matters were done through the commanding officer of the hospital and the headquarters of the American Expeditionary Forces, not the British Expeditionary Forces. The only difference was that the majority of our patients were English, and we used English supplies and rations and lived in English headquarters. Our position was easier in that we went into well organized hospitals with comfortable quarters, and had the opportunity to observe British methods, but in these two details only. I am glad to testify to the efforts on the part of the Director of the Nursing Service in France, to relieve wrong conditions; but do you know that every order regarding the nursing service had to be issued through the Chief Surgeon? And he was such an excellent "hedger" that I doubt if after some of them were issued, he himself knew what he had intended to convey. Let

me also say that, personally, I have nothing to gain by advocating the improvement of the condition of the Army Nurse Corps. It is very improbable that during my nursing career, we shall have another war, and if we had, I should stay in a civil hospital. I think that Miss Stimson and practically all of our nurses who made any attempt to analyze our situation in France, will agree with me, that our greatest difficulties lay in the insecurity and instability of every nurse's position from the Director of the Nursing Service, (yes, I may say from the Superintendent of the Army Nurse Corps), to the nurse on duty in the ward. They all had great responsibilities and arduous duties to perform, but no authority or power to aid them in performing these duties or in seeing to it that orders were carried out, and that the patients had proper protection and care. I could cite many instances to prove my points, but would not bore you with them. Ask any ex-army nurse you meet. In the light of this presumably enlightened age, when women are allowed to become doctors and lawyers and congresswomen and to be superintendents of hospitals and to vote, the following does not to me seem Utopian: That the Superintendent of the American Army Nurse Corps be supreme as far as nursing problems are concerned; that in matters of discipline and the comfort and welfare, social standing and efficiency of the nurses, she be responsible; that she be able to issue orders and instructions directly to her assistants and chief nurses and nurses, and not be obliged to function through some officer who has plenty to do without assuming a woman's duties. That the nurses in turn be allowed to appeal to her for protection, advice and assistance without dependence on the convenience and pleasure of a more or less arbitrary commanding officer. In short, that she be responsible for the efficiency of all the nurses, and they in turn be responsible to her. The better type of commanding officer turned all of this over to the chief nurse, but we had no protection from the other types. The better men would be glad to be relieved of a responsibility so foreign to their interests and education, and so unlike anything in any civil hospital of repute. No medical officer should be allowed to interfere with the nursing service or have the power to punish the nurses. How many of our civil hospitals would permit such a thing? If nurses abuse the power entrusted to them, let them be punished, but let them be punished by one of their own profession and sex! I quote from Florence Nightingale: "Any attempt to introduce such a system, that is, to make the nursing establishment responsible on the side of discipline to the medical officer, would be merely to try anew and fail anew, in an attempt which has frequently been made. In disciplinary matters, a woman alone can understand a woman. (Page 251, Chapter 5, Volume 2, "History of Nursing," by Nutting and Dock.) I do not for one minute question the right and advisability of the medical officers to see to it that their orders are carried out, or dictate in matters in their own province and to make complaints to the proper authority, and see that wrong conditions are remedied; nor do I depreciate the value of coöperation between the nurses and the officers. We would have more and better coöperation if the officers understood that they could not intimidate the nurses with threats, and the nurses knew they did not have to expend their best energies courting the good will of the officers. Is this what the superintendents of our best training schools are doing? Is that what our best physicians and surgeons in civil hospitals are demanding of the superintendent of nurses with whom they are associated? The Superintendent of the Army Nurse Corps and Director of Nursing Service, should have assistants who could visit the hospitals, investigate conditions and remedy them when possible; to advise with and instruct chief nurses and nurses and act when necessary, or go back to the Superintendent of the Army Nurse Corps, who should have the power of decision and the right to issue orders. What do

these men know of nursing problems? When and where did they get their nurses' training? And since when has there been such a shortage of women and surplus of men, that the men must needs assume the duties and responsibilities of women? The Chief Nurse should have the training and assigning to duty of the corpsmen selected for nursing orderlies, and should be able to prevent their being transferred to other departments without notice. With the help of some officer or surgeon, she should have, at least, some hand in the discipline of these men, when discipline is needed. I wonder how many mothers and sisters and wives of the men, realize how much some of our splendid women gave to the cause? I could write a book, and a long one, about nurses who spent their off duty time and energy and money, tramping to neighborhood farms and villages to buy oranges and nuts and strawberries and cream, etc., for patients; and nurses who after long, strenuous hours in the hospital, worked late making candy and birthday cakes for their patients, with ingredients bought from their own meager salaries. Under one of the white crosses in Lorraine, lies one whom I could name, who many a day walked to the nearest commissary, four kilos away, to buy nuts and sugar and eggs to make candy for her patients. And another who, when at last the "leave" could be arranged for her, had no money; and her roommate reported that she had spent her entire salary on her patients; and in most of these instances the men thought a beneficent government provided all these luxuries. These women have not come home and trumpeted their deeds to the world. Neither was there any question as to how many hours they would be on duty when their patients needed their care. I do not know of a single instance where a chief nurse had any difficulty in getting nurses to stay over time when they were needed. "Richer for their experience and glad of the opportunity." Yes, indeed, I have yet to hear of any nurse complaining of the hardships that were due to the exigencies of the war, but they certainly are justified in objecting to the unnecessary indignities and false position that I am ashamed to learn the War Department is now unwilling to remedy. But fortunately for us all, the world moves forward, and these antiquated men with all their rank, cannot hold it back for long. Women will have proper protection. It is only a question of time, but why the delay? Why should our boasted free country be so far behind England and Canada and Australia and South Africa? We must have a reorganization of our army hospitals, giving the nurses a definite status. The Jones-Raker Bill is just one step in advance. The rest will come. In closing, I cannot too earnestly repeat, that it is a calamitous thing to place women in such an anomalous position, with men as absolute monarchs over them. Incalculable harm was done to the morale of the nurses because of that one condition. We can, indeed, feel proud of the efficiency and devotion to duty, and high ideals of our women; but let us not again in the history of our country, send another group out so unprotected. How are we going to have the heart to go on training young women for this profession? The position of the Army Nurse cannot help but reflect back on our training schools, and we can no longer draw from the best women of the country. This letter is meant to be constructive, not destructive. The writer is very glad to have had the opportunity to be of service. She is richer in many, many ways, but in some experiences she wishes she were not so rich, and she writes this hoping she may help to spare future army nurses similar experiences.

DAISY D. URCH,

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France.